**Performance**

**Report**

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| Name: | Innisfail Meals on Wheels |
| Commission ID: | 700383 |
| Address: | 11 Flying Fish Point Road, INNISFAIL, Queensland, 4860 |
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This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8049 Innisfail Meals on Wheels Incorporated  
Service: 24825 Innisfail Meals on Wheels Incorporated - Community and Home Support

**This performance report**

This performance report for Innisfail Meals on Wheels (**the service**) has been prepared by T Wurf, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* The assessment team’s report for the Quality Audit report was informed by [a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* The provider’s response to the assessment team’s report received 20 June 2024. The response was a plan for continuous improvement.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Not Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not applicable** |
| **Standard 4** Services and supports for daily living | **Not Compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable** |
| **Standard 6** Feedback and complaints | **Not Compliant** |
| **Standard 7** Human resources | **Not Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 1(3)(d) – develop and embed a process to identify and discuss risks with consumers and support consumers to take risks to enable them to live their best lives.
* Requirement 1(3)(e) – provide relevant, accurate and timely information about the meal service to consumers that enables them to exercise choice.
* Requirement 1(3)(f) – ensure consumers’ personal information is securely kept.
* Requirement 2(3)(a) – ensure initial and ongoing assessment and planning processes are completed and consider risks to consumers’ health and well-being.
* Requirement 2(3)(b) – ensure assessment and planning occur and identifies and addresses consumers’ current needs, goals and preferences.
* Requirement 2(3)(c) – ensure consumers and others they wish to include are involved in assessment and planning of services.
* Requirement 2(3)(d)- ensure detailed and current information from assessment and planning processes are communicated, documented and available to the consumer, staff and volunteers.
* Requirement 2(3)(e) – develop and embed a structured process to review each consumer’s meal service regularly and following a change in a consumer’s condition or when an incident occurs.
* Requirement 4(3)(d) - ensure information about consumers’ meals and meal delivery is documented in a systematic and consistent way and available to staff and volunteers.
* Requirement 6(3)(c) – develop and embed a system to record and action complaints and apply an open disclosure process when things go wrong.
* Requirement 6(3)(d) – develop and embed a system to record, monitor and use feedback and complaints to improve the quality of the meal service.
* Requirement 7(3)(a) – develop and embed a system to plan the workforce to ensure a sufficient number of staff and volunteers are available to cook, prepare and deliver meals and manage a safe and quality meal service.
* Requirement 7(3)(c) – implement processes to ensure staff have current qualifications and worker screening relevant to their roles.
* Requirement 7(3)(d) – ensure staff and volunteers have the qualifications and receive training relevant to their roles.
* Requirement 7(3)(e) – assess, review and monitor the performance of the staff and volunteers.
* Requirement 8(3)(a) – actively engage consumers in the development, delivery and evaluation of care and services.
* Requirement 8(3)(b):
  + Ensure the governing body provides effective stewardship in returning the service to full compliance with the Quality Standards.
  + Establish processes to ensure the committee is accountable for safe, inclusive and quality care and services.
* Requirement 8(3)(c) – develop and embed effective organisation-wide governance system relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.
* Requirement 8(3)(d) – develop and embed effective risk management systems and practices.

# Other relevant matters:

The Quality Audit assessed the service against the Aged Care Quality Standards. Standard 3, Standard 5 and requirements 4(3)(g) and 8(3)(e) were not included in the assessment as they do not apply to Commonwealth Home Support Programme (CHSP) services that only deliver meals to consumers at home.

Innisfail Meals on Wheels provides a meal and delivery service to 66 consumers in Innisfail, Queensland, and surrounding areas.

# Standard 1

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| Consumer dignity and choice | | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Not Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Not Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Not Compliant |

Findings

Having considered the Quality Audit Report and provider’s response, I have assessed this Quality Standard as non-compliant as requirements 1(3)(d), 1(3)(e) and 1(3)(f) are non-compliant. Non-compliance is based on:

* The service did not have a process to identify and discuss risks with consumers or to support consumers with risks they may choose to take.
* Relevant and accurate information about the meal service was not routinely provided to consumers, including about the cost of meals.
* Consumers’ personal information was not kept securely and confidential.

I am satisfied other requirements in this Quality Standard are compliant, based on evidence in the Quality Audit Report.

I have made this decision based on the following analysis.

*Requirement 1(3)(d) – non-compliant*

The service did not have a policy or process to identify or discuss risks with consumers, or to support consumers to manage and take risks. Staff and volunteers were unaware of their role in supporting consumers to take risks. Consumer documentation did not include assessment or consideration of risks to consumers, or areas in which consumers were supported to take risks.

*Requirement 1(3)(e) – non-compliant*

Whilst management said the service provides consumers with a welcome pack upon commencement of the meal service, which contains information relevant to the meal service and other services available to support the consumer, some consumers interviewed by the Assessment Team could not recall being provided with this information.

Consumers are not provided with relevant or accurate information about the cost of their meal service. Consumers who pay cash for their meal service do not receive an invoice and, at times, are incorrectly charged.

*Requirement 1(3)(f) – non-compliant*

Consumers’ personal information was not kept securely and confidential. Whilst the service has a locked filing cabinet and a password-protected electronic system to store consumer information, the Assessment Team observed that service meal delivery sheets were kept on the kitchen bench. These included personal and sensitive information about consumers and were accessible to any person entering the kitchen during working or non-working hours, including external contractors.

*Provider’s response and planned actions*

The provider’s response was a plan for continuous improvement that identified actions to remediate deficiencies in the Quality Audit Report.

* Develop a policy that supports consumers to take risks and train the workforce to understand dignity of risk (by December 2024).
* Provide consumers with relevant information about their meal service, including the cost of their meals and payment options.
* Store meal delivery run sheets in the office during work hours and locked in the filing cabinet during non-working hours.

Most actions have not commenced, and others do not have planned completion dates. Therefore, I have decided the above requirements are non-compliant.

The Quality Audit Report included evidence (summarised below) that the service is compliant with the other requirements in this Quality Standard.

Consumers consistently provided positive feedback about volunteers and described them as kind, patient, considerate and respectful. They said the volunteers who deliver their meals take the time to get to know them and understand their background, personal circumstances, and preferences. Volunteers spoke respectfully about consumers and described approaches to interact respectfully with individual consumers, including spending extra time with new consumers to get to know them and their needs and preferences.

Consumers said their meal service is delivered in a way that makes them feel safe, supported and respected. Staff demonstrated an understanding of inclusive care and providing a culturally safe meal service. Staff and volunteers had a shared understanding of consumer backgrounds, including consumers who identify as Italian, Greek, or Indigenous. These consumers did not identify specific cultural requirements relating to their meal service.

Consumers said they are supported to exercise choice and independence. Consumers are offered a range of fresh and frozen meals, and they can collect the meals or have them delivered. Consumers explained how they can pay for and receive meals in a way that is right for them and are able to make changes to their service as needed.

# Standard 2

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| Ongoing assessment and planning with consumers | | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Not Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Not Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Not Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Not Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Not Compliant |

Findings

Having considered the Quality Audit Report and provider’s response, I have assessed this Quality Standard as non-compliant as I am satisfied all associated requirements are non-compliant. Non-compliance is based on:

* Assessment and planning processes were not occurring to identify and plan for consumers’ needs, goals, preferences and risks to them.
* Assessment and planning processes have not occurred since April 2023 and information in documents used by the service (client forms and delivery run sheets) did not include detailed or current information. Consumers had not received written information about their meal service.
* The service does not have a process or schedule to review consumers’ meal service routinely or following an incident or a change in a consumer’s condition.

I have made this decision based on the following analysis.

*Requirements 2(3)(a), 2(3)(b) and 2(3)(c) – non-compliant*

Consumers provided positive feedback about volunteers and said volunteers take time to listen and understand how to support their needs and preferences.

The service’s assessment process included completing a client form with the consumer and/or representative with information about the consumer’s background, dietary needs and generic health information. However:

* The service did not have a policy or procedure to guide staff in assessment, planning or consideration of risk.
* Assessment and planning processes had not been completed since April 2023 to identify or plan for consumers’ needs, goals and preferences, or risks to consumers. For example:
  + Two consumers who commenced a meal service in March 2024 had not had an initial assessment of their meal and delivery needs and preference. No planning documentation was in place. A specific dietary requirement was noted in an informal conversation but did not prompt assessment, including for potential associated risks.
* Management said My Aged Care assessments are not currently being reviewed prior to commencing service delivery to a new consumer.
* Meal delivery sheets are inconsistently updated when information is provided verbally by a consumer about their needs and preferences, however, this is not updated in consumer files and does not prompt assessment or planning.
* Consumers had not formally discussed their meal service since April 2023 and could not recall a conversation or assessment about their meal service.

Advanced care planning and end of life planning are not applicable to the service as it only provides meals under CHSP.

*Requirement 2(3)(d) – non-compliant*

Assessment and planning processes have not been consistently completed and client forms (which include information about consumers, their dietary requirements and meal delivery instructions) and delivery run sheets (provided to delivery drivers and kitchen staff) do not include detailed or current information. While most consumers understood what type of meals they ordered and when their meals would be delivered, they have not received a written copy of this information.

*Requirement 2(3)(e) – non-compliant*

The service does not have a process or schedule to review consumers’ meal service. Review of services is not occurring regularly or following changes or incidents. Whilst the service had established a new position in May 2024 to complete assessment, planning and review processes, the focus of this position was to attract new consumers and no plan, process, or schedule to review preexisting consumers had been identified.

*The provider’s response and planned actions*

The provider’s plan for continuous improvement submitted as the response to the Quality Audit Report identified actions to improve assessment, planning and review. Actions included:

* Requirement 2(3)(a): Develop a policy to support assessment, planning and risk identification.
* Requirement 2(3)(b): Establish a book/diary for volunteers to record feedback from consumers and a process to record information on consumer files.
* Requirement 2(3)(c): A staff member to visit consumers and complete assessments. Staff to review consumer files to ensure all relevant information is recorded prior to services commencing.
* Requirement 2(3)(d): Develop a letter for consumers that includes information on their meal delivery times, costs and days of delivery and when fees are collected.
* Requirement 2(3)(e): A staff member to review consumer files to ensure all planning and assessment is completed.

Most actions had not commenced and actions had various planned completion dates until October 2024. Therefore, I have decided all requirements and the overall Quality Standard are non-compliant.

# Standard 4

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| Services and supports for daily living | | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Not Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

Having considered the Quality Audit Report and provider’s response, I have assessed this Quality Standard as non-compliant as requirement 4(3)(d) is non-compliant, based on:

* Information about consumers’ needs and preferences for meals and meal delivery is not consistently documented or readily available to staff and volunteers.

I am satisfied other requirements in this Quality Standard are compliant, based on evidence in the Quality Audit Report and summarised below.

I have made this decision based on the following analysis.

*Requirement 4(3)(d) – non-compliant*

Whilst consumers and volunteers consistently reported that volunteers know consumers’ meal and delivery requirements, consumer needs, preferences and delivery information are not consistently documented on delivery run sheets, which are used by delivery drivers and kitchen staff. Volunteers working in the kitchen need to cross-reference multiple sources of information for details about consumers’ dietary requirements, including dietary cards, container lid stickers, kitchen whiteboard and delivery run sheets.

The provider’s plan for continuous improvement submitted as the response to the Quality Audit Report identified an action to correct and update all information relating to consumers’ meals and delivery by July 2024. This action has not been completed and an ongoing process to ensure consumer information is communicated within the organisation has not been identified or tested for effectiveness or sustainability. Therefore, I have decided this requirement is non-compliant.

Other requirements – compliant

Consumers said the meal service enables them to remain independent and continue to do the things of interest to them. Consumers spoke about the flexibility of the meal delivery service and said volunteers accommodate their needs and preferences including to change or modify meals and delivery times where required.

Consumers provided positive feedback about the volunteers who deliver meals and said volunteers check on them, ask how they are and provide emotional support if needed. Volunteers explained how they support and monitor consumers by checking on them and taking the time to ask how they are. Any potential concerns are raised with management to follow up.

Consumers said the meal service they receive supports consumers in maintaining personal relationships, participating in the community, and doing things of interest to them. Volunteers provided examples of how the meal delivery time and arrangements are adjusted to support consumers’ needs and preferences (including circumstances where the consumer is not home as they are undertaking activities in the community or meeting up with friends).

Whilst the service did not have a process to refer consumers to other services or organisations and had not made referrals, consumers and management were confident referrals would be made if required. Consumers were aware they can access additional home supports from other organisations and were comfortable in discussing needs with service volunteers to access other services if required. Management said they would discuss any identified need for a referral with the consumers and/or representatives, and provide information and guidance to connect to services or direct the consumer to My Aged Care.

Consumers provided positive feedback about the meals they receive and said the meals are varied, and of a good size and quality. The service provides a fortnightly menu of soup, a main meal and dessert, with four main menu selections daily, including vegetarian, hot and cold options, snack and picnic packs and alternatives.

# Standard 6

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| Feedback and complaints | | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Not Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Not Compliant |

Findings

Having considered the Quality Audit Report and provider’s response, I have assessed this Quality Standard as non-compliant as requirements 6(3)(c) and 6(3)(d) are non-compliant. Non-compliance is based on:

* The service does not have a system to record and action complaints and apply an open disclosure process when things go wrong.
* The service does not have a process to record, analyse, monitor or use feedback and complaints to improve care and services.

I am satisfied other requirements in this Quality Standard are compliant, based on evidence in the Quality Audit Report and summarised below.

I have made this decision based on the following analysis.

*Requirement 6(3)(c) – non compliant*

The service does not have a system to record and action complaints and apply an open disclosure process when things go wrong. For example:

* Consumers who had made complaints said their concerns are often resolved on the day, however, the same issues continue to occur, and no long-term solution is implemented.
* Management explained feedback and complaints should be written in a diary along with any actions taken, however, said feedback and complaints are not always recorded.
* The service’s feedback and complaints diary did not include any examples of complaints that had been actioned and resolved.
* Whilst management, staff and volunteers were not familiar with the term open disclosure, they were broadly aware of the principles of open disclosure. Despite this, management and consumers were unable to provide any examples that demonstrate the service applies open disclosure in response to complaints.

*Requirement 6(3)(d) – non compliant*

The service does not have a process to record, analyse, monitor or use feedback and complaints to improve care and services. Management could not provide examples of improvements made to the meal service as a result of feedback or complaints. Management stated feedback and complaints are not reviewed or reported to the governing committee. Some consumers provided examples of where complaints raised had not resulted in long-term resolution or improved the quality of their meal service.

*Provider’s response and planned actions*

The provider’s plan for continuous improvement submitted as the response to the Quality Audit Report identified the following actions to improve the management of feedback and complaints, to be completed by July 2024:

* 6(3)(c) – Staff to enter complaints and feedback into relevant consumers’ files. Establish a record of consumers not wanting a frozen meal and reflect this on the meal delivery run sheets.
* 6(3)(d) – The service coordinator to include complaints to meeting reports.

The planned actions have not been completed. I am also not convinced the planned actions will remediate the deficiencies identified in the Quality Audit Report and improve the service’s management of feedback and complaints. Therefore, I have decided these requirements are non-compliant.

Other requirements – compliant

Consumers and their representatives said they felt confident to provide feedback to the service and would either speak to the meal delivery volunteers or call the service directly. Management said volunteers are encouraged to seek feedback from consumers and volunteers confirmed this.

Consumers receive written information upon commencement with the service about the service’s feedback and complaints processes, advocacy and language services, and external organisations to raise complaints, such as the Commission.

# Standard 7

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| Human resources | | CHSP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Not Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Not Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Not Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Not Compliant |

Findings

Having considered the Quality Audit Report and provider’s response, I have assessed this Quality Standard as non-compliant as requirements 7(3)(a), 7(3)(c), 7(3)(d) and 7(3)(e) are non-compliant. Non-compliance is based on:

* The service does not have a system to plan the workforce and ensure there are sufficient numbers of staff and volunteers to cook, prepare and deliver meals and manage a safe and quality meal service.
* The service does not have a system to ensure staff and volunteer qualifications and worker screening requirements are current, including food safety, national criminal history checks, and driver’s licences.
* The service does not ensure staff and volunteers have the qualifications and receive training relevant to their roles.
* The performance of staff and volunteers had not been regularly assessed, monitored or reviewed.

I am satisfied requirement 7(3)(b) is compliant, based on evidence in the Quality Audit Report.

I have made this decision based on the following analysis.

*Requirement 7(3)(a) – non-compliant*

The service does not have a robust system to plan the workforce and ensure there are sufficient staff and volunteers to cook and deliver meals to consumers. Consumers said they receive their meals as scheduled, however:

* Management and volunteers consistently reported there were not enough volunteers, and volunteers reported they are working more than their desired number of hours.
* Management stated that volunteer numbers are the service's biggest risk and they do not currently have enough volunteers. Despite this, management and staff said taking on new consumers was the service’s priority and that responding to a new enquiry takes priority over completing an assessment for an existing consumer.

*Requirement 7(3)(b) – compliant*

Consumers said staff and volunteers are friendly, kind and respectful and they enjoy engaging with them. Volunteers and staff described how they treat consumers with dignity and respect by introducing themselves, waiting to be invited into a home before entering, using consumers' preferred names, and following consumers' individual preferences like removing shoes before entering the home.

*Requirement 7(3)(c) – non-compliant*

The service does not have a system to ensure staff and volunteers have current qualifications and worker screening requirements required for their role, including food safety, national criminal history checks, and driver’s licences.

*Requirement 7(3)(d) – non-compliant*

The service did not have a system to ensure staff and volunteers have the qualifications and are trained to deliver the outcomes required by these standards. For example:

* The staff have been recruitment without the relevant qualifications for their role.
* Some staff did not have position descriptions, and other staff had position descriptions that did not reflect the role they were undertaking.
* Some staff had not had training relevant to their role, and volunteers had not been provided training other than being buddied with an experienced volunteer when they commenced.

*Requirement 7(3)(e) – non-compliant*

The service has a Performance Review policy which identifies a formal annual performance review will be conducted for members of the workforce, and informal feedback and reviews will be conducted more frequently and recorded. However, management said performance of staff and volunteers is not regularly assessed, monitored or reviewed. Staff said they had not participated in performance discussions. Whilst there was some evidence of feedback provided to staff and recorded via email, there was no structured process for recording these discussions.

*Provider’s response and planned actions*

The provider’s plan for continuous improvement submitted as the response to the Quality Audit Report identified the following actions to improve human resource management:

* Requirement 7(3)(a): Contact Volunteering Far North Queensland and other Work for the Dole organisations to seek additional volunteers by July 2024.
* Requirement 7(3)(c):
  + All staff, volunteers and committee members to complete a national criminal history check and update information in the service’s electronic system.
  + Ensure training is completed for new staff by September 2024.
* Requirement 7(3)(d): various actions between June and October 2024.
  + Review and update staff position descriptions and ensure they are consistent with their current duties.
  + Review kitchen staff training to ensure staff are trained in the appropriate areas.
  + Complete and file volunteer information and training documents.
  + Make the Queensland Meals on Wheels (peak body) weekly newsletter available to staff and volunteers at the service (the newsletter identifies online learning modules).
* Requirement 7(3)(e): Obtain a performance review form from Queensland Meals on Wheels, by August 2024.

Most actions had not commenced and actions had various planned completion dates until October 2024. Therefore, I have decided all requirements and the overall Quality Standard are non-compliant.

# Standard 8

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| Organisational governance | | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Not Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Not Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Not Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Not Compliant |

Findings

Having considered the Quality Audit Report and the provider’s response, I have assessed this Quality Standard as non-compliant as I am satisfied all associated requirements are non-compliant. Non-compliance is based on:

* Consumers were not actively engaged in the development, delivery and evaluation of care and services.
* The governing body (the committee) did not promote and was not accountable for safe, inclusive, and quality care and services.
* The organisation’s governance systems were ineffective.
* The service did not have risk management systems and practices.

I have made this decision based on the following analysis.

*Requirement 8(3)(a) – non-compliant*

Consumers were not effectively engaged in the development, delivery and evaluation of care and services. Consumers are not invited to participate in any committee or service meetings. Whilst management identified an annual consumer survey and consumer feedback processes used to engage consumers in the service, these have not been effective. The details of and results for the last survey completed in 2023 were unknown by management. Feedback and complaints from consumers are not routinely recorded, monitored and used to improve care and services. Refer to Standard 6 for further information.

The provider’s plan for continuous improvement submitted as the response to the Quality Audit Report identified that a new survey for consumers would be developed and responses would be included in the service’s improvement plan. This is yet to be implemented, therefore, I have decided this requirement is non-compliant.

*Requirement 8(3)(b) – non-compliant*

The governing body, the management committee, was not promoting or accountable for the delivery of safe, inclusive, and quality care and service. For example:

* Whilst the service has some generic policies and procedures provided by the organisation’s peak body, Queensland Meals on Wheels, there are none that specifically guide staff in delivering a safe, inclusive, and quality meal service.
* There are no meeting minutes from the most recent committee meeting in February 2024.
* The service does not:
  + Have an established incident reporting system to identify, report, respond to, and monitor incidents, including serious incidents.
  + Have an established system to record, monitor, review and use feedback and complaints to improve care and services.

The provider’s plan for continuous improvement submitted as the response to the Quality Audit Report identified a policy for safe, inclusive, and quality meal delivery service would be developed by December 2024 and a code of conduct policy to be developed by August 2024. Other actions in the plan were responsive to specific points of evidence in the Quality Audit Report and included:

* All complaints and feedback to be recorded in the daily diary and added into the related consumer file where necessary. Feedback and incidents to be added to the agenda for each committee meeting and included in the coordinator’s report.
* Workforce training in the serious incident response scheme (SIRS) and code of conduct.

These actions have not commenced and, once implemented, will take some time to embed and be tested for effectiveness and sustainability. Therefore, I have decided this requirement is non-compliant.

*Requirement 8(3)(c) – non-compliant*

The service does not have effective organisational governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. For example:

* Information management:
  + Consumer and volunteer lists and details provided by management to the Assessment Team were not current or accurate.
  + Consumer documentation was limited, incomplete and inconsistently completed. (Addressed in Standard 2 and requirement 4(3)(d)).
  + The service did not have established information systems related to feedback, complaints and incidents. (Addressed in Standard 6 and 8(3)d)).
  + The service does not have an effective system to securely store consumers' private information. (Addressed in requirement 1(3)(f)).
  + Committee meetings were not occurring regularly, and the service did not provide records of previous meeting agendas and minutes.
* Continuous Improvement – The service did not have a plan for continuous improvement. There were no systems or processes to assess, monitor and improve the quality and safety of the service provided. The service had not responded to or made improvements in relation to areas of non-compliance identified in a recent food safety audit.
* Financial governance - Whilst the service has an annual financial audit completed by an external accountant, the service does not have a process to manage a budget or track expenditure against the CHSP grant funding received. Consumers do not receive invoices and instead they pay pre-agreed amounts determined upon commencement of the service.
* Workforce Governance – Processes relevant to workforce planning, qualifications screening, training and performance were not effective. Addressed in Standard 7.
* Regulatory Compliance - Management receives regular information from Queensland Meals on Wheels about the service's regulatory requirements however this is not provided to staff and volunteers. However, the Assessment Team identified several areas in which the service was not meeting regulatory requirements. For example:
  + Management was unaware of the Quality Standards and why the service needed to meet those standards.
  + The service was not monitoring the currency of worker screening requirements, such as national criminal history checks (as addressed in requirement 7(3)(c)).
  + The Service is not identifying and reporting serious incidents to the SIRS (as addressed in requirement 8(3)(d)).
  + The service was not reviewing consumers’ service delivery plans annually as required by the CHSP program manual (addressed in requirement 2(3)(e)).
  + An external audit against the Food Act 2006 in April 2024 identified major and minor non-conformance areas relating to the safe receiving, storing, handling and preparation of food.
* Feedback and Complaints - The service does not a system to record, monitor, and use feedback and complaints to improve services for consumers. (Addressed in Standard 6.)

The provider’s plan for continuous improvement submitted as the response to the Quality Audit Report identified various actions to implement policies, establish information systems, and provide staff training to improve organisational governance. For example, some key actions included:

* Develop policies relevant to the sub-requirements of 8(3)(c).
* Implement a continuous improvement plan.
* Update consumer and volunteer information and records.
* Implement a compliments, complaints and feedback register.
* Update worker screening records including national criminal history checks and driver’s licences.
* Ensure all client documentation is securely stored.
* Develop a workplace health and safety register.
* Deliver a range of training relevant to the Quality Standards.
* Address areas of non-compliance in the food safety audit.

Most of these improvement actions have not commenced and, once implemented, will take some time to embed in practice and be tested for effectiveness and sustainability. Therefore, I have decided this requirement is non-compliant.

*Requirement 8(3)(d)*

The service does not have a risk management framework, including to manage the areas covered in the sub-requirements of 8(3)(d).

* Risks associated with the meal service and risks to consumers were not consistently identified, documented or managed. Refer to requirements 1(3)(d) and 2(3)(a) for further information.
* Management identified volunteer numbers as their highest risk to the service, however there was no plan in place to address this.
* The service does not have an incident management system or register. Management and staff did not have a consistent understanding of how to identify, manage and report incidents, including reporting serious incidents to the SIRS. Incidents were not reported to the governing committee.
* Staff and volunteers are not trained in topic areas relevant to this requirement.

The provider’s plan for continuous improvement submitted as the response to the Quality Audit Report identified the following actions to improve risk management:

* Develop and implement an incident management system by July 2024.
* Provide training for the workforce in a range of topics including SIRS, risks and dignity of risk, and texture modified diets by September 2024.

These actions have not commenced and, once implemented, will take some time to embed and be tested for effectiveness and sustainability. Whilst the response addresses incident management and identifies some workforce training, the overall response does not convince me the service has or intends to implement effective risks management systems and practices. Therefore, I have decided this requirement is non-compliant.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)